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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/776,192
Filing Date	February 12, 2004
Inventor(s)	Torbjorn SANDSTROM
Group Art Unit	2873
Examiner Name	William C. Choi
Attorney Docket Number	2674-000003/US/COB

ENCLOSURES (check all that apply)

Fee Transmittal Form

Fee Attached

Amendment

After Final

Affidavits/declaration(s)

Extension of Time Request

Express Abandonment Request

Information Disclosure Statement

Certified Copy of Priority Document(s)

Response to Missing Parts/ Incomplete Application

Response to Missing Parts under 37 CFR 1.52 or 1.53

Assignment Papers
(for an Application)

Letter to the Official Draftsperson and _____ Sheets of Formal Drawing(s)

Licensing-related Papers

Petition

Petition to Convert to a Provisional Application

Power of Attorney, Revocation Change of Correspondence Address

Terminal Disclaimer

Request for Refund

CD, Number of CD(s) _____

After Allowance Communication to Group

LETTER SUBMITTING APPEAL BRIEF AND APPEAL BRIEF (w/clean version of pending claims)

Appeal Communication to Group (Notice of Appeal, Brief, Reply Brief)

Proprietary Information

Status Letter

Other Enclosure(s)
(please identify below):

REQUEST FOR CONTINUED EXAMINATION

Remarks

MAIL STOP AF

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm
or
Individual name

Harness, Dickey & Pierce, P.L.C.

Attorney Name

John A. Castellano

Reg. No.

35,094

Signature

34,313

Date

August 8, 2005

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 910)

Complete if Known

Application Number	10/776,192
Filing Date	February 12, 2004
First Named Inventor	Torbjorn SANDSTROM
Examiner Name	William C. Choi
Art Unit	2873
Attorney Docket No.	2674-000003/US/COB

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Other None
 Order
 Deposit Account:

Deposit Account Number 08-0750

Deposit Account Name Harness, Dickey & Pierce, PLC

The Director is authorized to: (check all that apply)

 Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	Fee Description	
1051	130	Surcharge - late filing fee or oath	
1052	50	Surcharge - late provisional filing fee or cover sheet.	
1053	130	Non-English specification	
1812	2,520	For filing a request for reexamination	
1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	Requesting publication of SIR after Examiner action	
1251	120	Extension for reply within first month	120
1252	450	Extension for reply within second month	
1253	1020	Extension for reply within third month	
1254	1,590	Extension for reply within fourth month	
1255	2,160	Extension for reply within fifth month	
1401	500	Notice of Appeal	
1402	500	Filing a brief in support of an appeal	
1403	1000	Request for oral hearing	
1452	500	Petition to revive - unavoidable	
1453	1500	Petition to revive - unintentional	
1501	1400	Utility issue fee (or reissue)	
1502	800	Design issue fee	
1460	130	Petitions to the Commissioner	
1807	50	Processing fee under 37 CFR 1.17 (q)	
1806	180	Submission of Information Disclosure Stmt	
Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	** = 0	X 0	= 0
Multiple Dependent	** = 0	X 0	= 0
Fee Code	Fee Code	Fee Description	
1202	50	Claims in excess of 20	
1201	200	Independent claims in excess of 3	
1203	360	Multiple dependent claim, if not paid	
1204	200	** Reissue independent claims over original patent	
1205	50	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (1)	(\$ 0)		
Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	** = 0	X 0	= 0
Multiple Dependent	** = 0	X 0	= 0
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1202	50	Claims in excess of 20	
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1203	360	Multiple dependent claim, if not paid	
1204	200	** Reissue independent claims over original patent	
1205	50	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)	(\$ 0)		
Other fee (specify)			
*Reduced by Basic Filing Fee Paid	SUBTOTAL (3)	(\$ 910)	
4. SEARCH/EXAMINATION FEES			
Fee Code	Fee Code	Fee Description	
1111	500	Utility Search Fee	
1112	100	Design Search Fee	
1113	300	Plant Search Fee	
1114	500	Reissue Search Fee	
1311	200	Utility Examination Fee	
1312	130	Design Examination Fee	
1313	160	Plant Examination Fee	
1314	600	Reissue Examination Fee	
SUBTOTAL (4)	(\$ 0)		

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	John A. Castellan	Registration No. (Attorney/Agent)	35,094	Telephone	703-668-8000
Signature				Date	August 8, 2005

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